

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name <u>U.S. Chamber of Commerce</u>		2. FEC Identification Number <u>030001101</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1615 H Street N.W.</u>		
(c) City, State and ZIP Code <u>Washington, DC 20062</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	<u>10 04 2010</u> through <u>10 07 2010</u>
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5. (a) Date of Public Distribution(s) 10 07 2010 (b) Communication Title Working

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
 (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
 (e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name <u>Rob Engstrom</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington, DC 20062</u>	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<u>U.S. Chamber of Commerce</u>	<u>Vice President</u>

9. Total Donations This Statement , , 000

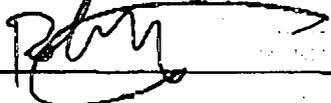
10. Total Disbursements/Obligations This Statement , 97,570.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

10/7/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Vice President
B. (a) Name Bill Miller	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>Issue and Image Advocacy and Adver</u>		Date of Disbursement or Obligation <u>10 04 2010</u>
Mailing Address of Payee <u>300 N. Lee Street, Ste 500</u>		Amount <u>97,570.00</u>
City <u>Alexandria, VA</u>	State <u>VA</u>	Zip Code <u>22314</u>
Name of Employer 		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Working" TV Spot</u>		
Name of Federal Candidate <u>Bobby Bright</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
State: <u>AL</u>	District: <u>02</u>	
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee 		Date of Disbursement or Obligation
Mailing Address of Payee 		Amount
City 	State 	Zip Code
Name of Employer 		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) 		
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		<u>97570.00</u>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
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